

COPY

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<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p>INTRINSIC ORTHOPEDICS, INC.</p> <p>Additional name(s) of conveying party(ies) attached?</p> <p>() Yes (X) No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: INTRINSIC THERAPEUTICS, INC.</p> <p>Street Address: 30 Commerce Way</p> <p>City: Woburn State: MA ZIP: 01801</p> <p>Additional name(s) of receiving party(ies) attached?</p> <p>() Yes (X) No</p>
<p>3. Nature of conveyance:</p> <p>() Assignment () Security Agreement</p> <p>() Merger (X) Change of Name</p> <p>() Other:</p> <p>Execution Date: (List as in section 1 if multiple signatures)</p> <p>December 20, 2002</p>	<p>4. US or PCT Application number(s) or US Patent number(s):</p> <p>(X) Patent Application No.: 10/020,507</p> <p>Filing Date: December 11, 2001</p> <p>Additional numbers attached?</p> <p>() Yes (X) No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p>Customer No. 20,995</p> <p>Return Fax: (949) 760-9502</p> <p>Attorney's Docket No.: INTRIN.001CP4</p>	<p>6. Total number of applications and patents involved: 1</p> <p>7. Enclosed</p> <p>(X) A true copy of Certificate of Name Change by the Secretary of State of the State of Delaware</p> <p>(X) Limited Recognition under 37 CFR §10.9(b) for Salima A. Merani</p>
<p>8. Total fee (37 CFR 1.21(h)): \$40</p> <p>(X) Enclosed</p>	<p>9. Deposit account number: 11-1410</p> <p>Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>
<p>9. Statement and signature.</p> <p>To the best of my knowledge and belief, the foregoing information is true and correct, and any attached copy is a true copy of the original document.</p> <p><u>Salima A. Merani</u> Name of Person Signing</p> <p><u>Signature</u> COPY</p> <p><u>September 9, 2004</u> Date</p> <p><u>Recognized under 37 CFR §10.9(b)</u> Registration No.</p> <p>Total number of pages including cover sheet, attachments and document: 3</p>	

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